

00/07/00  
U.S. PTO  
JC679

Please type a plus sign (+) inside this box →

PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

09/625018  
U.S. PTO  
JC679

07/20/00  
U.S. PTO  
JC679

## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b> <b>Assistant Commissioner for Patents</b> <b>Box Patent Application</b> <b>Washington, DC 20231</b>	Attorney Docket No.	41766
	First Named Inventor	Alfred C. Nichols
	Original Patent Number	5,783,700
	Original Patent Issue Date (Month/Day/Year)	7/21/1998
	Express Mail Label No.	EK666547062US
<b>APPLICATION FOR REISSUE OF:</b> <small>(check applicable box)</small> <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent		
<b>APPLICATION ELEMENTS</b>		<b>ACCOMPANYING APPLICATION PARTS</b>
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate) 3. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 4. <input type="checkbox"/> Reissue Oath / Declaration (original or copy) <small>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</small> 5. Original U.S. Patent <input type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) <small>(PTO/SB/53 or PTO/SB/54)</small> or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55) 6. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If Yes, check applicable box(es))</small> <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney		7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <small>(if applicable)</small> 8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <small>(if applicable)</small> 10. <input type="checkbox"/> Small Entity Statement(s) <input checked="" type="checkbox"/> Statement filed in prior application (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired 11. <input checked="" type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 13. <input type="checkbox"/> Other: .....
<small>* NOTE FOR ITEMS 1 &amp; 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</small>		

<b>14. CORRESPONDENCE ADDRESS</b>					
<input type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> (Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> Correspondence address below	
Name	Kenneth M. Bush, Esquire				
Address	Sirote & Permutt, P.C. P.O. Box 55727				
City	Birmingham	State	AL	Zip Code	35255-5727
Country	United States	Telephone	205-930-5383	Fax	205-930-5101

NAME (Print/Type)	Kenneth M. Bush	Registration No. (Attorney/Agent)	40,544
Signature	<i>Bush</i>	Date	7-20-00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

108/208 1.16(h) R.n.5,783,700 1640.00

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) 41766			
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 15	Total Claims (37 CFR 1.16(j))	(B) 15	**** 0 * 0	= x \$ 9.00 =		or	x \$ _____ =	
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 2	* 0	= x \$ 39.00 =		or	x \$ _____ =	
Basic Fee (37 CFR 1.16(h))					\$ 345	\$ _____		
Total Filing Fee					\$ 345	OR	\$ _____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 42	MINUS	** 20	* 22 = 22 x \$ 9.00 =	198	or	x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	*** 6	MINUS	***** 3	= 3 x \$ 39.00 =	117	or	x \$ _____ =	
Total Additional Fee					\$ 315.00	OR	\$ _____	
<small>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</small> <small>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</small> <small>*** After any cancellation of claims</small> <small>**** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).</small> <small>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</small>								
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.								
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>501346</u> . A duplicate copy of this sheet is enclosed.								
<input checked="" type="checkbox"/> A check in the amount of \$ <u>660.00</u> to cover the filing / additional fee is enclosed.								
 Signature of Applicant, Attorney or Agent of Record								
<u>Kenneth M. Bush</u> Typed or printed name								

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

I, Kenneth M. Bush, do hereby certify that a copy of the enclosed "REISSUE APPLICATION" for Patent No. 5,783,700, was served on the following counsel of record by Express Mail Label number EK666547076US on this the 20<sup>th</sup> day of July, 2000, addressed to:

Talivaldis Cepuritis, Esquire  
OLSON & HIERL  
20 North Wacker Drive  
36<sup>th</sup> Floor  
Chicago, IL 60606

10879 U.S. PTO  
09/625018  
07/2000

---

*[Handwritten signature]*

Kenneth M. Bush  
Attorney for Junior Party  
Registration Number 40,544  
SIROTE & PERMUTT, P.C.  
P.O. Box 55727  
Birmingham, AL 35255-5727  
Phone: (205) 930-5100  
Facsimile: (205) 930-5101

I, Kenneth M. Bush, do hereby certify that the enclosed "REISSUE APPLICATION" for Patent No. 5,783,700, was filed by Express Mail number EK666547062US on this the 20<sup>th</sup> day of July, 2000, addressed to:

Judge Fred E. McKelvey  
Board of Patent Appeals and Interferences  
Crystal Gateway 2, 10<sup>th</sup> Floor  
1225 Jefferson-Davis Highway  
Arlington, VA 22202

  
Kenneth M. Bush  
Attorney for Junior Party  
Registration Number 40,544  
SIROTE & PERMUTT, P.C.  
P.O. Box 55727  
Birmingham, AL 35255-5727  
Phone: (205) 930-5100  
Facsimile: (205) 930-5101

RECEIVED

20 JUL 24 PM 2:53

BOARD OF PATENT APPEALS  
AND INTERFERENCES